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PTO/SB/21 (6-98)  
Approved for use through 09/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/551,523	
	Filing Date	APRIL 18, 2000	
	First Named Inventor	SHAH, Pallavi	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	5	Attorney Docket Number	83000.1069/P3523/RSR

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<b>RECEIVED</b> AUG 04 2004 Technology Center 2100
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gary A. Hecker THE HECKER LAW GROUP
Signature	
Date	August 18, 2000

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as <u>Express</u> mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date <u>August 18, 2000</u>			
Typed or printed name	Elyne Wells		
Signature		Date	August 18, 2000

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PTO/SB/17 (12/99)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ ) 40.00

## Complete If Known

Application Number 09/551,523  
Filing Date APRIL 18, 2000  
First Named Inventor SHAH, Pallavi  
Examiner Name n/a  
Group / Art Unit n/a  
Attorney Docket No. 83000.1069/P3523/RSE

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AUG 04 2004

Technology Center 2100

## METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

Deposit  
Account  
Name

☐ Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
101 690	201 345		Utility filing fee
106 310	206 155		Design filing fee
107 480	207 240		Plant filing fee
108 690	208 345		Reissue filing fee
114 150	214 75		Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$ )

### 2. EXTRA CLAIM FEES

Total Claims  - 20\*\* = 0 X  = 0  
Independent Claims  - 3\*\* = 0 X  = 0  
Multiple Dependent  =

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9		Claims in excess of 20
102 78	202 39		Independent claims in excess of 3
104 260	204 130		Multiple dependent claim, if not paid
109 78	209 39		** Reissue independent claims over original patent
110 18	210 9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ ) 0.00

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	\$40.00
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 40.00

## SUBMITTED BY

Name (Print/Type) Gary A. Hecker

Registration No.  
(Attorney/Agent)

31,023

## Complete (if applicable)

Telephone (310) 286-0377

Signature

Date

August 18, 2000

## WARNING:

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